

**Alaska Department of Revenue
Permanent Fund Dividend Division**

2023 Verifiers Designation

Printed Name		Daytime Telephone Number
Social Security Number	Date of Birth	Message Telephone Number
Mailing Address		Email Address
City	State	Zip Code
Your Signature		Date

Provide the name, address and telephone number of two adult **Alaska** residents who can verify your Alaska residency. A signature from the verifier is not required. Your application is not complete without verifier information. Complete verifier information must be provided.

First adult Alaska resident who can verify your residency

First Name	MI	Last Name	
Mailing Address			
City	State	Zip Code	Daytime Telephone Number

Second adult Alaska resident who can verify your residency

First Name	MI	Last Name	
Mailing Address			
City	State	Zip Code	Daytime Telephone Number

Send completed forms to:

Permanent Fund Dividend Division
PO Box 110462
Juneau, AK 99811-0462